

ARIZONA STATE BOARD OF ACCOUNTANCY
100 North 15th Avenue, Suite 165
Phoenix, Arizona 85007

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www.azaccountancy.gov



CERTIFICATE OF EXPERIENCE

TO THE EMPLOYER: This Certificate of Experience is used to help evaluate candidates for Arizona CPA certification. It is important that you provide complete and detailed information regarding his/her accounting activities and experience. Please **return** this Certificate to the applicant in a sealed envelope.

PLEASE PRINT OR TYPE

Candidate's Name: _____
First Middle Last

Employed with you from (mo/year) _____ to (mo/year) _____

More than 30 hours per week? _____ Part time (how many hours/bi-weekly) _____

Name of your company or agency _____

Street Address City State Zip

Your employment relationship with candidate:

☐ Employed or used accounting services and reviewed candidate's accounting work product for sufficiency and quality.

☐ Employed or used accounting services but did not review or consider sufficiency or quality of work product.

☐ Other (please explain) _____

Candidate's primary duties:

- ☐ Staff Accountant
- ☐ Internal Auditor
- ☐ Bookkeeper
- ☐ Tax Preparer
- ☐ Controller
- ☐ Other: _____

Indicate area of employment:

- ☐ Industry
- ☐ Government
- ☐ Education
- ☐ Non-Profit Organization
- ☐ Public Accounting
- ☐ Contract Employee
- ☐ Other: _____

(Over)

State of Arizona Certificate of Experience (Cont.)

Level of work product

1. Does the candidate have experience providing (please check one or more):
- ☐ evaluation, recording and summarizing accounting records
 - ☐ auditing
 - ☐ preparing financial summaries
 - ☐ taxation assistance
 - ☐ management advisory services
2. Has the candidate had experience **examining** financial statements, per R4-1-343(A)(3); i.e. critical inquiry and analysis of balance sheets, income statements, cash flow statements, tax returns, etc. If you have answered yes, describe candidate's experience below.

☐ Yes ☐ No

3. Has the candidate had experience **reporting** on financial statements by expressing an opinion, per R4-1-343(A)(4); i.e. oral or written communication of results of examination to employer, client or third party. If you have answered yes, describe candidate's experience below.

☐ Yes ☐ No

(PLEASE USE ADDITIONAL PAGES IF NEEDED)

I certify that the above is based on my personal observation and is true and correct to the best of my knowledge and belief:

Print Name _____ Title _____

Signature _____ Date _____

Certificate/License #* _____ Date issued _____ State _____

* If not a CPA or PA, please describe your accounting experience on a separate page or provide a resume.

SUBSCRIBED and sworn to before me this _____ day of _____, 20_____

Notary Public _____ Commission Expires _____

For staff use only: